Manifesto 2026-2030

Fair Treatment for the Women of Wales: Our Right to Health and Wellbeing in Wales

Compiled for the Senedd Elections 2026

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FTWW

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Introduction

FTWW: Fair Treatment for the Women of Wales is a patient-led charity and disabled people's organisation focused on highlighting and addressing health inequities experienced by women and people registered female at birth who are living with long-term health issues. Our vision is to see a Wales where everybody's right to good health and wellbeing is respected and fulfilled, with everyone able to access the healthcare they need, when they need it, and without barriers.

FTWW has a pan-Wales community group of over 2000 members, and chairs the third sector Women's Health Wales Coalition, an alliance of over 100 members, including specialist health charities, equality organisations, grassroots groups, health researchers, and patient advocates, whose evidence was instrumental in securing a 10-year NHS Wales Women's Health Plan in 2024.

FTWW believes passionately in 'co-production', where people work together as equal partners in finding solutions to challenges, including in the development of this Manifesto, **'Our Right to Health & Wellbeing in Wales'**. FTWW community members were invited to respond to a survey where they could highlight their top priorities for health and wellbeing, followed by a series of focus groups to further develop those priority areas.

Readers will note that our members' current priorities are predominantly focused on their health and the healthcare they receive. Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. The majority of those in our community could certainly fit this definition but may not use or identify with the term 'disabled' for a number of reasons, including being unsure whether a non-visible or fluctuating illness constitutes an impairment, or fear of prejudice. The result of this is that many continue to be unaware of their rights under the Act, including protection from discrimination in the workplace or when using public services like healthcare, for example.

FTWW strives to improve awareness of the Equality Act amongst our members, both as it pertains to the health issues with which they are living and the protections it can afford them. At the same time, FTWW is committed to the Social Model of Disability, which emphasises how

'disability' is caused by societal barriers rather than individual impairments.

We aim to promote understanding and implementation of this model amongst our members and the services with which they are likely to come into contact, including healthcare. We advocate for changes that improve accessibility, inclusion, and equity for disabled women, including the need to address negative attitudes, stereotypes, and physical barriers. The priorities set out in FTWW's Manifesto therefore should also be viewed as key enablers, both in preventing worsening ill health and impairment, and in reducing disabling barriers.

We have referred to these priority areas as FTWW's **'Six Ways to Women's Health and Wellbeing in Wales'.**

1. Ongoing research into health issues and conditions affecting women and people registered female at birth

FTWW's members told us that research must:

- be funded long-term to address long-standing gaps and misconceptions negatively impacting the health experiences and outcomes of women, girls, and people registered female at birth
- prioritise studies into health issues which are prevalent, predominate, or present differently, in females
- be conducted with women themselves to ensure it addresses their priorities and needs
- investigate the impact and management of multi-morbidities, such as endometriosis, coeliac disease, etc
- pay attention to the role and function of hormones on different bodily systems and across the life-course, including in the contexts of longevity and decision-making, such as in conditions like PCOS and PMDD, the experience of early menopause, and prevention of osteoporosis, dementia, and other diseases, as well as the impact of stress and trauma on hormone health
- better understand the usage and longer-term impact of medical devices in women

- lead to better recognition, care, and support for women who are autistic, disabled, living with chronic ill health, and increased risk of mental illness, self-harm, and suicidality
- lead to improved knowledge for healthcare professionals, resulting in better symptom recognition, advice and care for patients
- include a focus on diagnostic tools and their inclusion in medical training and practice
- ensure findings translate into health policy and practice, which can be evaluated by patients
- examine and address the impact of poor health and care on women's education, employment, and the wider economy
- focus on healthcare providers' role in prevention and early intervention to reduce deterioration.

Current context:

Via Health and Care Research Wales, the Welsh Government has invested £3million in a Women's Health Research Centre[1] for the next 3-5 years, plus an additional £750K for projects relating to 'Communications Around Women's Health'[2], following publication of the NHS Wales Discovery Report[3] and Women's Health Plan[4], which highlighted women's experiences of their 'voices not being heard' in healthcare settings.

FTWW's calls:

- **We urge the new Welsh Government to commit to ongoing funding for women's health research in Wales, in recognition of women making up 51% of the population, the increased risk women have of living with long-term health conditions and being disabled into older age, and historical gaps in understanding which have fuelled less optimum care for conditions uniquely, disproportionately, or differently impacting female patients.**

[1] https://healthandcareresearchwales.org/about/news/health-care-research-wales-supports-womens-health-centre
[2] https://healthandcareresearchwales.org/about/news/new-focused-call-communication-around-womens-health-spring-2025
[3] https://executive.nhs.wales/functions/networks-and-planning/womens-health/womens-health-in-wales-a-discovery-report/
[4] https://executive.nhs.wales/functions/networks-and-planning/womens-health/the-womens-health-plan-for-wales/

- **In line with the UK research sector MESSAGE (Medical Science Sex and Gender Equity) Project[5], all health-related research funded by the Welsh Government should be disaggregated by sex and gender, to ensure all people's diverse experiences and needs are properly understood and accommodated in health policy and practice.**

- **Health research commissioned and / or funded by the Welsh Government or public bodies in Wales should pay due regard to implementation and impact measurement, so participants and wider beneficiaries can see how findings will translate into improved practice. Additional funding and support should be made available to ensure implementation and evaluation across Wales beyond conclusion of research projects, and there should be an expectation that patients / service-users themselves will be enabled to play a key role in impact measurement.**

- **Further, where health research is commissioned, funded, or undertaken in Wales, it should also be made available in a meaningful format for patients and service-users so that, where appropriate, it can be used or discussed in clinical appointments, increasing patient knowledge, confidence, and better enabling shared decision-making and health management.**

2. Menstrual health, gynaecological conditions, and menopause as priorities for investment and quality improvement in primary care in Wales

FTWW members told us that, where these three issues are concerned:

- Symptoms are often normalised, dismissed, misunderstood, or misattributed to a psychological cause
- Gender stereotypes and biases impact health-related decision-making

[5] https://www.messageproject.co.uk/

- There is often delayed diagnosis, which impacts timely and appropriate referrals and management
- There is a widespread failure to appreciate the impact on patients' quality of life and wider wellbeing
- Delayed diagnosis and ineffective management can result in deteriorating health, increasingly complex needs, and higher costs to the individual and public purse
- Clinical guidance is not always utilised by practitioners in Wales, with only the most activated and knowledgeable patients able to self-advocate for optimum care, disadvantaging those with additional barriers
- Patients often don't feel able to make an informed and shared decision about their care, including treatment options, referrals, and ongoing symptom management
- There can be a lack of knowledge about referral pathways and where more specialist care might be required
- Where specialist services do exist, there are often geographical inequities in accessing them
- Lack of understanding of how different health issues 'link up' and a commensurate lack of joined-up care
- Many find themselves having to pay privately for diagnosis, treatment, and ongoing care
- There is a system-wide lack of investment in improving training, care and service-provision for these conditions, impacting on the offer available in primary care.

Current context:

It is difficult to establish how much time and attention is given to menstrual health, gynaecological conditions, and menopause in initial medical training but, anecdotally, these issues do not appear to be covered adequately in the curriculum. Currently, there is no post-graduate Women's Health module available to healthcare professionals in Wales.

Historically, neither menstrual or gynaecological health conditions or menopause have been included in the Quality Assurance and Improvement Framework within the GMS contract for primary care in Wales, despite their prevalence and impact on public health. One highly visible result of this is the growing waiting-lists for specialist menopause clinics across Wales,

with some gynaecology departments reporting lists of over 2 years whilst most menopause patients could and should be better supported in primary care.

A Community Health Pathways web-based portal is being implemented across Wales's health boards to provide GP practices with evidence-based and local pathways for their patients. However, there is no guarantee that patients, advocates, and expert patient groups have been involved in their development, helping to improve patient experiences and outcomes, as well as ensuring appropriate signposting and social prescribing.

One of the immediate goals for the implementation of the 10-year NHS Women's Health Plan is for a Women's Health Hub to be created in each health board, with priority areas including menstrual health conditions, menopause, and contraception. However, whilst coproduction with patients is an 'expectation' of health boards in terms of what the hubs 'look like', how they're accessed, and what they offer, this isn't mandatory, so there continues to be a risk of variation and avoidable inequities.

FTWW's calls:

- **Welsh Government to instruct Wales's medical schools to increase their focus on menstrual and gynaecological health conditions and menopause, with training co-designed, co-delivered, and co-evaluated by those with lived experience, to include symptom awareness and improved communication**

- **Welsh Government to invest in the development of a post-graduate Women's Health module for healthcare professionals in Wales, coproduced with patients, and incentivise take-up**

- **To instruct Health Education and Improvement Wales to make menstrual, gynaecological health conditions and menopause a priority for their GP training, co-produced with those with lived experience, and for take-up to be a requirement within the GMS contract for primary care in Wales**

- **Mandate coproduction in women's health in Wales's health boards, with patient / service-user involvement a key part of the**

development and evaluation of Community Health Pathways and Women's Health Hubs in Wales, where the latter should incorporate primary care and training for clinical personnel

- **Ensure that new models of care in Wales, particularly in Women's Health Hubs, have longevity and are not tokenistic, and that they allow for longer appointment times and joined-up, holistic care beyond menstrual health conditions, menopause, and contraception**

- **Issue an expectation that all GP practices in Wales commit to having at least one named GP 'Women's Health Champion'**

- **Ensure sustainable funding is available to third sector organisations (including grassroots groups) offering support to patients outside and beyond clinical settings, in anticipation of their signposted from within primary care and Community Health Pathways.**

3. Reducing NHS Wales waiting lists

On this topic, FTWW members pointed out that:

- patient needs often become more complex due to long waiting lists and siloed care
- it's important to consider the impact of long and protracted waiting times on patients' physical and mental health, as well as wider quality of life
- system-wide barriers can create fragmented healthcare pathways and longer waits, such as GPs lacking authority to refer to services 'out of area' or make direct referrals to tertiary care, even where patient history warrants this course of action
- early and effective intervention on the part of healthcare providers improves outcomes and reduces costs. However, lack of knowledge, delayed diagnoses, and barriers to more specialised care results in more frequent appointments, inappropriate referrals, and a need for

more healthcare interventions into the future, resulting in longer waiting times for the population at large

- investigative tests and interventions are often scheduled consecutively rather than concurrently, leaving patients waiting extended periods for diagnosis and appropriate care / treatment
- operations for non-cancerous gynaecological health issues continue to be postponed or cancelled by health boards, despite Welsh Government assertions that they be prioritised
- those with complex needs and multi-morbidities are often not well-served by the NHS, with unwell patients often expected to make sure medicines and treatments aren't contraindicated in their case, and that healthcare professionals in different specialties communicate with one another
- patients with additional barriers, such as learning disabilities, communication differences, being digitally excluded, from an underserved community, or living with chronic fatigue are particularly disadvantaged when it comes to self-advocating
- patients are often forced to go to A&E because they can't access the GP / primary care, increasing demand and delays in emergency care settings
- there is a lack of adjunct support for patients on long waiting lists, which can further impact both health and the ability to work, etc.

Current Context:

Recent reports from the Royal College of Obstetricians and Gynaecologists[6], and its 'Elective Recovery Tracker' data dashboard[7] indicate that waiting lists for non-cancerous gynaecology surgery remain stubbornly long following the pandemic, where this specialty was amongst the first to be deprioritised. The RCOG finds that, in large part, this can be attributed to unhelpful and pervasive narratives about these conditions being 'benign' and therefore 'harmless' whereas, in fact, the impact on quality of life is significant and costs to the UK economy well-evidenced.[8]

[6] https://www.rcog.org.uk/about-us/campaigning-and-opinions/addressing-waiting-times-gynaecology/waiting-for-a-way-forward/
[7] https://rcogwaitinglist.health.lcp.com/
[8] https://www.nhsconfed.org/publications/womens-health-economics

In response to this evidence, the Welsh Government cited that gynaecology should be a priority specialty for the NHS Wales planned care programme. However, despite efforts to improve care at a national clinical level, in the face of competing demands, local health boards are not necessarily investing appropriately in gynaecological services or prioritising this particular patient group's needs.

The Senedd's Health and Social Care Committee[9] has also reported that inefficiencies in care for those living with chronic conditions contributes to long waiting lists and poorer patient outcomes which, in turn, lead to patients needing more interventions from the health service.

FTWW's Calls:

- **Welsh Government to revisit the Individual Patient Funding Request to improve consistency and ease of use, particularly for GPs, so that they have the knowledge, support, and authority to better respond to patient needs, including making direct referrals to specialist care out of area where it is warranted**

- **Instruct the Joint Commissioning Committee and Strategic Network for Women's Health to work with patients and their advocates to establish where regional collaboration and cross-border access to specialist care would best serve patient needs and reduce delayed access and waiting times, and improve patient outcomes**

- **Welsh Government to instruct Health Education and Improvement Wales and / or Health and Care Research Wales to undertake a skills audit in gynaecology settings in Wales to determine gaps and training needs, including scanning, minimal access surgery, advanced laparoscopic skills, and robot-assisted surgical approaches to ensure operations undertaken locally in the future are more likely to be optimal in the first instance**

- **Explore commissioning healthcare interventions from the private sector, particularly with regards to improving access to surgical**

[9] https://senedd.wales/media/0v2exr2k/cr-ld16947-e.pdf

theatres where these remain over-subscribed and non-cancerous gynaecological conditions deprioritised as a result. Consider also the possibility of mobile theatres designated to those specialties most badly affected by pandemic-related delays, which includes gynaecology

- **Welsh Government to undertake a review of how far health boards in Wales are supporting patients with menstrual and gynaecological health needs and / or on gynaecology waiting lists, including NHS Wales 'Waiting Well' strategies and EPP (Education Programmes for Patients) and ensure both their prioritisation and coproduction**

- **Welsh Government to revisit the existing suite of Quality Statements aimed at NHS Wales to focus on over-arching themes, like the need for joined-up care, and work with the NHS Wales Executive, third sector, and patient advocates to develop and establish multi-disciplinary teams to improve the offer or 'wraparound', holistic care**

- **Welsh Government to invest in the creation and implementation of Care Coordinators or equivalents who would help ensure patient care is more efficient by helping patients understand complex information and navigate services.**

4. Training and investment in specialist nurses and allied healthcare professionals for 'women's health' conditions in primary and secondary care

On this topic, FTWW members highlight that:

- there are very few, if any, advanced nurse practitioners specialising in key aspects of women's menstrual, gynaecological health in Wales
- there are glaring inequities in what patients with chronic conditions like diabetes and asthma can expect to receive in primary care, i.e., ongoing support, management, and reviews from trained specialist

nurses compared to conditions with similar prevalence in women, such as endometriosis, for which there is no equivalent offer

- services focused on pelvic health and wellbeing, particularly pelvic pain, are inadequately resourced, and largely not available in primary care settings
- services recommended in clinical guidance for patients with chronic (pelvic) pain, such as pelvic physiotherapy, specialist pain management, or psychological therapies to help regulate the mental health impact of symptoms are not widely available in Wales
- self-referral, which is offered for other forms of physiotherapy, is not permitted for pelvic physiotherapy, either because demand outstrips supply or because of paternalistic assumptions that patients affected need additional clinical counselling first
- there are no specialist pelvic mesh nurses in Wales, alongside a lack of accredited mesh removal and support services for those who have been harmed by this intervention, as evidenced in the Cumberlege Review, 'First Do No Harm'[10]
- access to specialist nursing and allied health professionals in menstrual, gynaecological, and pelvic health can make a huge and positive difference to the patient experience, including longer appointments to discuss complex needs, create bespoke and person-centred care packages, facilitate timely intervention and act preventatively

Current Context:

There isn't a formal offer of specialist 'women's health' nursing in Wales; some GP practices may have practice nurses with an interest in the subject, offering additional information and support around menopause and contraception for example, but it is unclear how many are equipped to offer specialist advice, treatment, referrals, and management for more complex and / or chronic gynaecological conditions whilst patients are on waiting lists for secondary care or require ongoing management. This would include patients living with conditions like endometriosis, adenomyosis, fibroids, and heavy / painful menstrual bleeding, or symptoms of other 'women's health' conditions, like PCOS or PMDD.

[10] https://www.immdsreview.org.uk/downloads/IMMDSReview_Web.pdf

Whilst there is an offer of Continuing Professional Development on aspects of 'women's health' available to GPs in Wales via Health Education and Improvement Wales's Ty Dysgu platform[11], in the limited time available to GPs to undertake CPD, it is their choice which modules they study, running the risk of variation and inequity. It is unclear if and how far these modules are available to nursing staff. With primary care services under immense pressure, it is all the more challenging to ensure that all GPs undertake CPD on women's health, hence the increased need for investment in specialised nursing and other healthcare services / personnel.

Where secondary care is concerned, the Welsh Government currently funds the equivalent of one (or 1.5 for North Wales) specialist endometriosis nurse in each health board. However, access to the nurses varies from health board to health board, with some offering self-referral and others only allowing access to patients on gynaecology waiting lists and with a confirmed diagnosis. Variation aside, it is well-established that one nurse for a chronic condition as prevalent in women as diabetes or asthma is wholly inadequate, yet health boards haven't invested in increased provision.

Whatever the clinical setting in which personnel are to be situated, there is no formal academic route or training available in Wales for those looking to specialise in women's health, equipping advanced nurse practitioners with more in-depth knowledge about diagnosing, managing, and supporting patients with menstrual and gynaecological health conditions. The result is health boards or nurses themselves 'creating' their own 'piecemeal' training package for practising nurses, limited support / networking opportunities, an absence of continuing professional development, and no pipeline of specialist nurses to enable succession planning.

FTWW's Calls:

- **Welsh Government to explore the creation of a 'Welsh Academy for Nursing in Women's Health', potentially using the equivalent model for Nursing in Diabetes as a starting point[12]**

[11] https://heiw.nhs.wales/about-us/digital-and-data/digital-learning/
[12] https://www.wand-wales.co.uk/

- **Welsh Government to invest in the development of post-graduate courses on Women's Health, and chronic conditions like endometriosis, and provide bursary schemes for nursing staff across Wales to ensure adequate take-up and succession planning**

- **Welsh Government to ensure that all training schemes on 'women's health' are co-produced, co-delivered, and evaluated by patients with the aim of better understanding the lived experience, improve communications, and address underlying issues like unconscious bias and ableism**

- **Welsh Government to instruct health boards to direct investment into the provision of pelvic physiotherapy, an area which is currently under-resourced and under-utilised as a source of pain / symptom management for patients living with chronic pelvic pain conditions and post-operative scarring or damage.**

5. Embedding women's health leadership and co-production with patients and the third sector in every Health Board in Wales

FTWW members highlight that:

- there often doesn't seem to be a focus on 'women's health' in its broadest sense at the highest levels in Wales's health boards
- there is a lack of transparency or accountability in Wales's health boards when it comes to women's experiences in healthcare and making changes which prevent poor experiences and outcomes
- it is often up to patients and advocates to evidence why the design and delivery of many health and care services don't reflect or consider women's needs, such as differences in diagnostic models, treatments, or not being trauma-informed
- apart from submitting formal complaints, there doesn't seem to be any robust or consistent way for patients to share their experiences

or concerns with health board executives and service providers, and have those experiences inform service-delivery
- assumptions are often made about women's challenges and preferences in healthcare, without seeking their input and working co-productively with them to design services
- they don't feel adequately represented in health board decision-making.

Current Context:

As implementation of the NHS Wales Women's Health Plan begins, each health board has been asked to identify an executive and clinical lead for women's health. However, it is unclear how far their understanding of women's various experiences, challenges, and needs is informed by robust patient engagement or how this is being resourced. Further, ensuring 'buy-in' from clinical specialties which might not consider it necessary to apply a 'women's health lens' to their services is an ongoing challenge.

The Women's Health Plan has an 'expectation' that health boards will work co-productively with women, patients, advocates, and the third sector. A Coproduction Framework to support health boards in their implementation of the Women's Health Plan is in the process of being designed but, as its usage is not mandated, there is a lack of confidence that it will be used in a meaningful and consistent way across Wales.

Despite the well-evidenced benefits of co-production in public service design, delivery, and evaluation, health boards do not typically have any resource to invest in the process and can sometimes seem unwilling to treat public / third sector partners equitably. The result is that 'consultation' (where decisions are made and then some basic form of engagement sought retrospectively) continues to be the 'go-to' approach, frequently leading to 'missing' voices and continuing inequity.

In North Wales, efforts have been made to embed patient voices in the design and evaluation of gynaecology services by creating a forum of clinicians, patients, and service-managers called 'Gynae Voices', which regularly comes together to scrutinise service-delivery and co-develop new approaches. It has been cited as an example of good practice by the Royal College of Obstetricians and Gynaecologists[13]. Despite this, resourcing for

[13] https://www.rcog.org.uk/media/fdtlufuh/workforce-report-july-2022-update.pdf

the forum is not necessarily adequate, and it is this that presents issues for other health boards seeking to replicate the model.

Regional Partnership Boards, typically tasked with assessing their local population's needs and commissioning services accordingly, have not made 'women's health' a priority, despite evidence showing that women are more likely than men to have long-term health conditions, more likely to be 'disabled' as they age, more likely to be primary care-givers for children and elderly relatives, more likely to experience health harms arising from domestic abuse and violence, and more likely to be in poverty.

FTWW's Calls

- **Mandate Health Boards in Wales to utilise and report on their usage of the national Co-production Framework for Women's Health as soon as it is available**

- **Mandate Health Boards to allocate sufficient budget to co-production across all clinical specialties so that third sector and patient partners are properly and equitably resourced to support with evaluating and designing services that meet diverse patient needs**

- **Mandate Health Boards in Wales to report publicly on how far they have considered women's health in all clinical specialties and evidence the extent to which they have embedded coproduction and patient involvement at all levels of service-design and decision-making**

- **Support with the roll-out of Gynae Voices Forums in all Health Boards in Wales, including requiring Health Boards to allocate sufficient resource to their implementation**

- **Require health boards to utilise NICE guidance on 'Shared Decision-Making'[14] in their organisations, including recruiting and supporting 'Patient Directors' at a strategic and operational level**

[14] https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making

- **Co-design Patient Reported Experience and Outcome Measures (PREMs / PROMs) and embed them into data collection, analysis, and decision-making in all health services**

- **Require Health Boards in Wales to issue regular communiques on progress with implementation of the 10-year Women's Health Plan, and ensure transparency and accountability, with executive and clinical leads accessible to public challenge**

- **Require Regional Partnership Boards in Wales to make 'women's health and wellbeing' an overarching priority in their strategic planning, and allocate funding specifically to third sector organisations led by and for women, in line with evidence of need and recommendations made by Pro Bono Economics and the Rosa Fund for Women and Girls.**[15]

6. Co-produce with Citizens a NHS Wales Patient Charter

FTWW Members point out that:

- they don't know what their rights are when using the NHS in Wales, or how or where to look for information about their rights
- they don't feel like are empowered to challenge decisions and systems
- they don't know how to hold the NHS to account when things don't work for them, individually or at a system-level.

Current Context:

Unlike the other UK nations, Wales does not have a Patient Charter to enshrine patients' rights when using the NHS. Equally, whereas the Social Services and Wellbeing (Wales) Act 2014[16] sets out the principles of 'voice,

[15] https://www.probonoeconomics.com/underfunded-under-resourced-and-under-the-radar
[16] https://www.gov.wales/sites/default/files/publications/2019-05/social-services-and-well-being-wales-act-2014-the-essentials.pdf

choice, and control' for those using social services, the same does not apply when using healthcare services.

Whilst Wales has a 'Putting Things Right'[17] process for making complaints, much of the information about what patients should expect when accessing the NHS is, at best, piecemeal and disjointed, and at worst, impossible to locate, understand, and utilise, including:

- NHS Duties of Candour and Quality
- target waiting times
- the right to a second opinion
- the right to choose where care is provided
- the Individual Patient Funding Request (IPFR) system
- shared care arrangements
- the Mental Health Measure
- many more.

Indeed, NHS patients in Wales may not realise that, unlike the rest of the UK, they do not have some of these rights, such as the right to 'choose' where and by whom they are treated, or the right to a second opinion outside of the NHS team or hospital providing the first.

At the very least, NHS patients in Wales should expect to find all of the above information in one easily accessible location and in a style and format that is easy to understand and use. However, FTWW believes that the new Welsh Government should go further and co-produce with citizens an accessible, useable, meaningful Patient Charter for users of the NHS in Wales.

FTWW Calls:

- **The Welsh Government should commit to co-producing and publishing within the 2026-30 term a NHS Wales Patient Charter that addresses fundamental inequities in the way services are delivered in Wales and enshrines patients' rights, so that they know what they should expect when accessing health services in Wales, are enabled to articulate and secure their preferences and needs, and empowered to challenge where things go wrong in a health service which is clearly accountable to its users.**

[17] https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right

Conclusion

Patricio V. Marquez, former World Bank Group (WBG) Lead Public Health Specialist states that, 'Healthy women are at the core of healthy societies. The health of women is not, however, innate to any society. Deliberate policies and programmatic strategies aimed at nurturing women's health and well-being across the life cycle are vital for realizing the full potential of women and girls…At the same time (these policies) improve the health and mental well-being of future generations, and contribute to ensure that development is socially and economically inclusive'.[18]

We urge all political parties, and those standing for Senedd Election in 2026, to recognise the pivotal role they can play in creating a nation which recognises the import of women's health societally and economically, and acts accordingly to make Women's Health and Wellbeing a key priority.

FTWW's 'Six Ways to Realise Women's Right to Health and Wellbeing in Wales' are key enablers which we look forward to seeing reflected in parties' manifestos and actions going forward.

Contact Us

For more information, please contact FTWW: Fair Treatment for the Women of Wales on info@ftww.org.uk

[18] https://blogs.worldbank.org/en/health/healthy-women-are-cornerstone-healthy-societies